

# JERSEY CITY DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF ENVIRONMENTAL HEALTH

DR. MARTIN LUTHER KING, JR. CITY HALL ANNEX 1 JACKSON SQUARE I JERSEY CITY, NJ 07305 P: 201 547 6800



# RETAIL FOOD INSPECTION REPORT

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Es	stablishme	ent Cod	de		1	1	Activity *	Туре		Evaluati	on /	-		10
			XIP	EVINI	THE	+	the	rect	1011	Un	sat	75+	CIC	101
N	ame of O	wner(s)	Partnership	or Corporati	ion   Trade	Name				Reinspe	ction o	n or Ai	ter:	-
11	11, 4	110	ch		Til	/ I	COLD !	CHOOL	mak	الم				
E.	etablichme	ant Loo	ation (Street	Address)	Cit	h/		2100	Zip Code	I Coura	h.	Tr	o/Mun	Codo
-	Stabilation	I LUC	2001 (3066)	Address)	17	Date	01100	41	Zip Code	Coun	1/0-	_	CHAIN	Cone
1	57	we	570/6					TU	17304	HA	DCI	1	410	10
Es	stablishme	ent Mail	ing Address	(if different)	Te	lephone	No.	1_	E-mail Add	ress				
					) [				1					
Na	ame of Ins	specting	Official	77	REHS Lic. #	Na	me of Healtl	n Officer	1 1	Ris	Туре	Lice	nse No	). ,
14	MATERIA	MF	mon	alle	2-15-100	1	DY	.5.7	rictol	ar	7	1/8	-2	1-67
1	PAGIL	HOLL -	TI	ME/ACTIVIT	Y REPORT	Codes	1-Travel 2-	Inspection	3-Administra	tion	^	11.0		
-	Date	Code	Began	Ended	Date	Code	Began	Ended	Date	Code	Be	gan -	En	ded
1	-11-10							7	-	-				
	111			FOODBOI	DALE II I MEE	e DIEV	FACTORS	AND MITTE	DUENTIAND					
RI	SK FACTOR	RS are im	proper practices		RNE ILLNES: most common /						control n	neasure	to pravi	ent FBI
					I in Compliance; I			-				_	-	-
				-	MENT AND PE					IN	OUT	N.O.	NIA	COS
1	PIC den	nonstrat	les knowledge		ty principles p			ation.			X			
2		The state of the s		-	nents is certific	the same of the same of				1		-	D	
3		ALC: NO.	-		uded as requir	-	, , , , , , , , , , , , , , , , , , , ,			十片		D	-	П
					ONTAMINATIO	-	HANDS			IN	OUT	N.O.	N/A	cos
4	Handwa	shing c	onducted in a	timely manne	er, prior to wo	rk, after	using restroc	m, etc.						
5				De Valley Comments of the Comm	seconds with	-			athering.	In	-	R	-	In
6	_				oms and prep	-			147	In	1	-		
7	Handwa	shing fa	cilities provid	ed with warm	water; soap a	and acce	ptable hand	drying meth	nod.	10				
8	Direct ba	are han	d contact with	exposed, rea	ady-to-eat food	ds is avo	oided.	giry himman yaken ku						
				F	OOD SOURCE	E				IN	OUT	N.O.	NIA	cos
9	All foads	, includ	ing ice and w	ater, from app	proved source	s; with p	raper record	5				-		
10	Shellfish	/Seafoc	od record kee	ping procedur	res; storage; p	roper ha	andling; para	site destruct	tion					
11	PHFs re	ceived a	at 41°F or bel	ow. Except: I	milk, shell egg	s and sl	hellfish (45 F	)						
					TED FROM CO					IN	TUO	N.O.	N/A	COS
12		-			ggs from read	y-to-eat	foods provid	ed						
13			from contamin								1		-	
14	Food cor	ntact su	rfaces proper								1			
	-				EMPERATURE		-			IN	OUT	N.O.	N/A	COS
					nal temperatu									
15					oked in respons			and for imme	ediate service.				n	1
, ,					deat/Fish; Inje			d Shell Egg	s;	1		-		
					Stuffing conta					1				
16					ll eggs in raw				foods, i.e.	In			è	
	-	7	THE RESERVE OF THE PARTY OF		tiramisu, choo			gue, etc.						
17					frigeration Ter	-				14	1		4	4
18		777			to 41°F within	THE RESERVE		CONTRACTOR OF STREET		14		4		1
19					s at ambient to	-				14		Ш		ال
20	REMEAL				in 2 hours) in p Fs heated to a					10			De	
21	HOT HO				r above in app	-		not notding	1	In				
22				The second state of the se	proval; written	-		ked discard	ed in 4 hours	14	-	H		-
23		The second livery			Approval; wri					14		H		T
24					Pasteurized for					H				
-	M. Commission Commission Co.		The second secon	The second secon						The same of the sa			The second second	-

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# RETAIL FOOD INSPECTION REPORT (CONTINUED)

	Good R	GOOD RETAIL PRACTICES  etail Practices are preventative measures to control the addition of pathogens, chemicals and physical objects into for OUT= Not in Compliance; COS=Corrected On-site; For "Repeat" Violation: Mark "R" in OUT Box	ods.	
		SAFE FOOD AND WATER / PROTECTION FROM CONTAMINATION	OUT	cos
25	Hot and cold	water available; adequate pressure.		П
26	Food proper	y labeled, original container.		T
27	Food protect	ed from potential contamination during preparation, storage, display.	×	
28	The second live is not a second live in the second	tulas, tongs, forks, disposable gloves provided and used properly to restrict bare hand contact.		n
29		d vegetables washed prior to serving.		H
30		s properly used and stored.		H
31		nces properly identified, stored and used.		H
32		insects/rodents minimized: outer openings protected, animals as allowed.	1	H
33		anliness (fingernails, jewelry, outer clothing, hair restraint).	-	-
	T CISOTIAI CICI	FOOD TEMPERATURE CONTROL	OUT	cos
34	Food tomper	ature measuring devices provided and calibrated.	001	CO3
35		temperature measuring devices provided for monitoring thin foods (i.e. meat patties and fish filets).	-	-
			-	
36		maintained completely frozen.		
37	THE RESERVE AND ADDRESS OF THE PARTY OF THE	properly thawed.	-	
38		hot holding properly cooked to at least 135°F.		
39	methods for i	apidly cooling PHFs are properly conducted and equipment is adequate.		
		EQUIPMENT, UTENSILS AND LINENS	OUT	cos
40		nstruction, repair, design, capacity, location, installation, maintenance.		
41		mperature measuring devices provided (refrigeration units, etc).	X	
42	In-use utensi	ls properly stored.		
43		le service items, equipment, linens properly stored, dried and handled.		
44	Food and not	n-food contact surfaces properly constructed, cleanable, used.	X	
45	Proper warev	vashing facilities installed, maintained, cleaned, used; sanitizer test strips available, used.	2	
		PHYSICAL FACILITIES	OUT	cos
46	Plumbing sys	tem properly installed; safe and in good repair; no potential backflow or backsiphonage conditions.		
47	Sewage and	waste water properly disposed.		
48	Toilet facilitie	s are adequate, properly constructed, properly maintained, supplied and cleaned.	X	
49		truction, installation and maintenance proper-floors/walls/ceilings.	Se	T
50		ntilation; lighting; designated areas used.	/	T
51	Premises ma	intained free of litter, unnecessary articles, cleaning and maintenance equipment properly stored; and garbage operly maintained.	Z	
52	The state of the s	igns (handwashing, inspection placard, etc) provided and conspicuously posted.	X	n
Item		REMARKS ("R" = Repeat violation from previous inspection)		
		Sae Continu Shreet	at	101
Nan	ne of Inspecti	ng Official Signature of Inspecting Official Name and Title of Person Receiving Copy of	Report	

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Name (Indiv	dual, Facility, Establishment, etc.)	Date 01-11-19
Municipality		Tel., Code or ID No.
Item No.	Remarks	
	the above establishment has been	deemed
	unsatisfactory due to sevenel	raith
	lode violation! the following vio	lations
	must be abated All violations a	ust be
	aborted Worder Fo have a temp	rection.
	Alloupined toor Henry much be M	moved from
	premise. Failure to do so will pas	allina
	Court Summons.	
	Expired baby formula -lound on	shelves.
	sevene health cooks violation.	
	t Man Daller Level du ma inc	11
	All dome must be obserted on a	doily bosos
	All Helles most be the feel of a	cienquises.
	All done on chotype must be Checle	ed on a
	laily for bases shelling unit an	uls absorred
	to have dist accumulation- kusto	Hamard
	Sandiza.	
	Rockman nust bour Solf-Closing do	or nico nust
	be properly stoned unt directly	n flor
1	Map water absormed to be duty	. Hundwort > gn
Signature of I	dividual Completing Form Signature of Owner of Facility, Establishmen	/
	PAGE 6 WHITE: ESTABLISHMENT • YELLOW: DIV. OF ENVIRONMENTAL HEALTH • PINK	OF PAGES  C: INSPECTOR

(for Inspections, Surveys, Audits, etc.)

Name (Indivi	dual, Facility, Establishment, etc.)	Date / / / / / / / / .		
Municipality	westside Ave	Tel., Code or ID No.		
Item No.	Remarks			
	Visible light observed from conver	ler ramp.		
	Must be property sealed.	1		
	Visible light observed from openin	a in wall		
	Observed must be properly sealed to prevent			
	rodout citru.	,		
	techane all expired, chanse unuse	of Stocks.		
	from boschient.			
	Bosement Must be properly main	dained,		
	refuse and garbage maintained			
		1 1 2		
	Impropor tood Storage in Miserien			
	and beverage Stacked to certing			
	not have contact with piping of	reening		
	condensation assented reduing.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	All runkulous mous apal denies must	have a		
-	closisticated as the med Pines	mal Heme		
	will storage and years for sa	LC.		
	and and age with the many that a			
	Cit cheemed whasement no and	mals allowed		
1				
ignature of In	dividual Completing Form Signature of Owner of Facility, Establishme	ent, etc., if required		
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**MAR 17** 

Name (Indiv	dual, Facility, Establishment, etc.)	Date /-//-//				
Municipality		Tel., Code or ID No.				
Item No.	Remarks					
- 10.	Basement					
	All storage must be teept 1 tool	away for				
	11/2//.					
	Severe leak observed will black	mold observer				
	Must report lenk clean and sauche	ae molet.				
	walk-in refugerator containing me	at & produce				
	Went temperature measured of 4	35F. walk-in				
	ber must maintain temperature of	40% or				
	below.					
	Large bucket of seasoning with a	wooden				
	Stick observed in walk-in. Hust be	distarded				
	Leak observed hear light trylure,	Mist repair				
	keak.					
	walk-in boyes must be have a en	rsily cleanable				
	surface. No bare concrete almued	. (				
	tooling water Observed, Petralial to	er contaitmaks				
Signature of in	dividual Completing Form Signature of Owner of Facility, Establishme	ent, etc., if required				
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Name (Indi	vidual, Facility, Establishment, etc.)	Date ( ) - / ( - ) ( ) .
Municipalit		Tel., Code or ID No.
Item No.	Remarks	
	Tren area for produce. must be i	opportu
	maintained - authora board severt	y grooved
	no know easily Hearable.	1 1
	Mop sink must remain unebstruct	4d, 10
	property desposed of neop water	
	Tred debi is observed on stones	/ / / / / / / / / / / / / / / / / / / /
	Clean and samples. Provide an ac	isity clearable
	Surface.	
	All Hous in lossement damaged	
	must be discarded team contain	mars ofc.
		401 00465
	for delageration.	
		(/ 2 -
	Wall hear restroom observed to be	DIVICER
	and moraca. Must repair	
	De la	pu carell
	ree ing chipping fort assured	West many of
	to allow the angular properties of the	auri repuint
	TO UTION TON UN POSTLY CHANGE	SUPPLIE
Signature of I	ndividual Completing Form Signature of Owner of Facility, Establishmen	ent, etc., if required
Maril	PAGE /	OF / PAGES
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Name (Indiv	dual, Facility, Establishment, etc.)	Date . 1 11 12019 .
Municipality	759 Westside Hue.	Tel., Code of ID No.
Item No.	Remarks	
	Deli Area:	
	- 2 1/2 loaves of Land O lake	5 Yeller
	American cheese were tound inside	the
	deli case with exerction date	of
	October 17, 2017	/
	<b>/</b>	
	- One whole Christle Christon treast	20-124
	from deli race lus to assiration	hate we
	to close.	
	- Portable counter top our rude !	hurangh
	cleaning. Fort residue elsewed	14-786
	equipment.	
		1.
	- that under all equipments by	deli ates
	needs through cleaning, dut	grease
	streng ung ungition	
	Dil' - I A I A	111111
	- Per case metal summer me	Den Eu
	The of he was been a commented in	andre -
	The first the training	
	- Improper cleaning of deli ment	slicer.
Signature of in	Signature of Owner of Facility, Establishm	ent, etc., if required
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Name (Indiv	Date Date True Super a sket
Municipality	751 Wastide Auc.
Item No.	Remarks
_	Hudrogen Peroxide & Relitiesin Cough syrup
	tours to be stoned on shelf by dell are
	mixed in with food violuits.
	Ingraper storage of food products of
	non took Dus.
	Ment Dept.
	- Tingraper use of the 3- compartment sink
	obstrued. Ist compartment has broken pueces
	of ove pipes, brown of trush. 2nd compartmen
	sink has 2 Pormiano fisher & diety used
	disposable glove and 3rd conjuntment
	has a tag of shring that is thoung
	marge ly.
	0.77
	- PVC pipe under 3- congartment such
	draining into the funnel floor drain needs
	to be cut at least 12 inch above the
	rim to have an air gap.
	- Hardwash sute 15 troken; water 15
	Verting directly in the floor: Dirte has
	neat & luty yours i Unsanitary
	ndividual Completing Form Signature of Owner of Facility, Establishment, etc., If required
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Name (Indiv	dual, Facility, Establishment, etc.)	Date
Municipality		Tel., Code or ID No.
Item No.	Remarks	
	Ment & Scaford listen case has	2 Ms
	the unemeter walde. It was no	many of
	43 F. Unit must be shecked	Dis the
	Achician unediately. Metal	Sheling 15
	also justed. Must be replaced.	but needs cleaning
	Unrecessary debus elsewed by	He ment!
	Beatord disalay case. Must 6	e cleared.
~	Delivery cardtourd boxes were	drewed
	be stored on tog of neat pu	a matrix
	tables and solentially conta	recales
	the neat products.	
	V	
	Chopsed ( cubed heats mixed a	the charge
	garts on tog of recutting trace	abserved.
	Que has	
	londer sation observed also into	uncovered
	ment / gordtry it side he	at degt.
	Boxes of ment groduits found	Stred
	directly on floor inside med	left
		-
.5	Muceezzan deens found under	ment pry
Signature of Ir	ndividual Completing Form Signature of Owner of Facility, Establishm	ent, etc., if required
7.7.7	and formack	1
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Name (Indiv	tare Sun ranket 1751 Ment LLC	Date ////////////////////////////////////
Municipality		Tel., Code or ID No.
Item	759 Westaide Hue.	
No.	Remarks	7
	Broken will tills paul toutside wa	ek in box
	mile heat Dort. must be fixe	1 muedias
	Knoted meat grinder must be a	maintained /
	cleaned & sanitized it it's being	use and
	if not, it must be removed	from the
	meat dest.	
-	Flor drain inside walk in Jos	L has
	Servere ment debus accumulate	on showing
	lack of morrower fromsokeen	- A .
		Q
	Floors throughout west lent &	walk in
	And need throward cleaning	_
7	Moldy boxes of prest produc	to found
	inside wall-in box.	7
	Maintain grover house keeping ing	ide med
	dest. Shelves must be de	eared
	regularly.	
	Unnecessary debris outside met	noon must
	be removed immediately.	
Signature of Ir	dividual Completing Form Signature of Owner of Facility, Establishme	ent, etc., If required
	PAGE PAGE	OF PAGES